

PCMH Payer Subcommittee Meeting
September 10, 2014

Attendees

Dr. Monica Berner, Blue Cross Blue Shield of Montana

Dr. Jonathan Griffin, Chair, St. Peter's Hospital

Mary LeMieux, Medicaid

Jo Thompson, Medicaid

Dr. Jonathan Weisul, Allegiance

Todd Lovshin, PacificSource

CSI Staff

Christina Goe

Amanda Eby

Cathy Wright

CSI staff asked for comments and edits to New Rule 1 on standards for Payment methods. Dr. Roberts requested more time to review before giving his support. Everyone else was comfortable supporting New Rule 1 at that time.

Utilization Measure Discussion -- In regard to determining which patients payers will report on, CSI asked payers to consider two options for evaluating the program: 1-reporting on all these utilization measures for all of their members or 2-reporting only on patients attributed to a PCMH.

CSI and Dr. Griffin proposed putting specific attribution and specific details on reporting in accompanying guidance instead of in the rule. Attendees agreed with this proposal.

Dr. Berner recommended using risk scores to compare PCMH patients to non-PCMH patients because otherwise you cannot compare PCMH patients in a urban setting to non-PCMH patients in a rural setting with less services available. Attendees agreed that risk scores were too complicated to implement at this time.

An attendee recommended not using control group comparison, and doing trend comparison instead of PCMH patients that you compare to the trend of the rest of the book of business. This method was discussed further, but no agreement was reached.

An attendee recommended the PCMHs could pull lists of which patients they attribute to payers and give the list to the payer for them to run the rates of ER visits and hospitalizations. Then we would compare the rates from the list from the PCMHs to the rates of the rest of the insurer's patients, not associated with a PCMH. This would work for some payers better than others and will be further discussed.

Christina Goe will draft a proposal for each of the attribution options proposed for the payers and other stakeholders to consider. Whatever attribution method is used for reporting, it must be uniform in order to produce meaningful results.